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VIA HAND DELIVERY AND ECFS

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, DC 20554

RE: Form 481 – Carrier Annual Reporting Data Collection, 2013
WC Dockets No. 10-90 and 11-42

Dear Ms. Dortch:

Pursuant to sections 54.313(i) and 54.422(c) of the Commission's Rules¹ and the Commission's Public Notice in this proceeding,² Haxtun Telephone Company ("the Company") hereby submits a copy of its "FCC Form 481 – Carrier Annual Reporting Data Collection Form," which was timely filed with the Universal Service Administrative Company and the appropriate state commission on or before October 15, 2013.

The Company seeks confidential treatment under the Protective Order adopted by the Commission in this proceeding for the financial information included in its report pursuant to

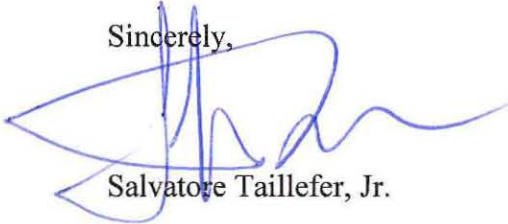
¹ 47 CFR §§54.313 and 54.422.

² *Wireline Competition Bureau Announces Filing Deadline of October 15, 2013 for Eligible Telecommunications Carriers to File High-Cost and Low-Income Annual Reports*, PUBLIC NOTICE, WC Dockets No. 10-90 and 11-42, DA 13-1707, released August 6, 2013.

§54.313(f)(2).³ Confidential treatment of this information is appropriate on the grounds that it is commercially sensitive information that is not normally released to the public. In accordance with the Protective Order, the Company is submitting two redacted copies and one stamped confidential copy via hand delivery to the Secretary's Office, and two stamped confidential copies via hand delivery to Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, Federal Communications Commission, 445 12th Street, S.W., Room 5-A452, Washington, D.C. 20554. The Company is also submitting a redacted copy via the Electronic Comment Filing System, as directed by the Public Notice.

Due to temporary closure of the Commission's filing window, mail room, and electronic filing systems beginning October 1, 2013, this filing is being submitted on the business day following the day of return to normal operations in accordance with the Commission's Public Notice on filing procedures in the event of a lapse in funding.⁴ If you have any questions, please do not hesitate to contact the undersigned counsel.

Sincerely,

A handwritten signature in blue ink, appearing to read "Salvatore Taillefer, Jr.", is written over the typed name. The signature is stylized with a large, sweeping initial "S" and a long, horizontal flourish extending to the right.

Salvatore Taillefer, Jr.

Filed:

³ *In the Matter of Connect America Fund, et al.*, PROTECTIVE ORDER, WC Docket No. 10-90, et al., DA 12-1857, released November 16, 2013.

⁴ *Procedures for Filings in the Event of a Lapse in Funding*, PUBLIC NOTICE, released October 1, 2013.

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FCC Form 481 – Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	462190
<015> Study Area Name	HAXTUN TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Deborah Nobles
<035> Contact Telephone Number: Number of the person identified in data line <030>	904-688-0029
<039> Contact Email Address: Email of the person identified in data line <030>	dnobles@townes.net

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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		<i>(check box when complete)</i>	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.81"/>		
<420> Mobile	<input type="text"/>		
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed	<input type="text"/>		
<450> Mobile	<input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="462190co510"/>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="462190co610"/>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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(100) Service Quality Improvement Reporting Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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<p>(200) Service Outage Reporting (Voice)</p> <p>Data Collection Form</p>	<p>FCC Form 481</p> <p>OMB Control No. 3060-0986/OMB Control No. 3060-0819</p> <p>July 2013</p>
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<010>	Study Area Code	462190
<015>	Study Area Name	HAXTUN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

[illegible]

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(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTUN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-683-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

[illegible]

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(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 / OMB Control No. 3050-0819 July 2013
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<010>	Study Area Code	462190
<015>	Study Area Name	HAXTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

[illegible]

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(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	462190
<015>	Study Area Name	HAXTUN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net
<810>	Reporting Carrier	Haxtun Telephone Company
<811>	Holding Company	Townes Telecommunications, Inc.
<812>	Operating Company	N/A

[illegible]

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(900) Tribal Lands Reporting Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTUN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

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(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTUN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

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(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTUN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	462190col210
		Name of attached document (.pdf)

<1220>	Link to Public Website	HTTP
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"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

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(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTUN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 JUN 2013
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<010>	Study Area Code	462190
<015>	Study Area Name	HAXTON TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-698-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

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**CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.**

**Progress Report on 5 Year Plan**

|                                                                                                                                                                                                                                     |                                                        |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| (3010) Milestone Certification (47 CFR § 54.313(f)(1)(i))<br>Please check this box to confirm that the attached PDF, on line 3012,                                                                                                  | Name of Attached Document Listing Required Information | <input type="checkbox"/>                     |
| contains the required information pursuant to § 54.313 (f)(1)(ii), as a                                                                                                                                                             |                                                        |                                              |
| (3011) recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.                       |                                                        |                                              |
| (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))                                                                                                                                                                    | Name of Attached Document Listing Required Information | <input checked="" type="checkbox"/> (Yes/No) |
| (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))                                                                                                                                                         |                                                        | <input type="checkbox"/> (Yes/No)            |
| (3014) If yes, does your company file the RUS annual report<br>Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:           |                                                        |                                              |
| (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)                                                                                                                              |                                                        | <input type="checkbox"/>                     |
| (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows                                                                                                                                                           |                                                        | <input type="checkbox"/>                     |
| (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation                                                                                                                  | Name of Attached Document Listing Required Information | <input checked="" type="checkbox"/> (Yes/No) |
| (3018) If the response is no on line 3014, Is your company audited?<br><br>If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:         |                                                        |                                              |
| (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications                                                                          |                                                        | <input checked="" type="checkbox"/>          |
| (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows                                                                                                                                                           |                                                        | <input checked="" type="checkbox"/>          |
| (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.                                                                                                        |                                                        | <input checked="" type="checkbox"/>          |
| If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:                                                                                     |                                                        |                                              |
| (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, |                                                        | <input type="checkbox"/>                     |
| (3023) Underlying information subjected to a review by an independent certified public accountant                                                                                                                                   |                                                        | <input type="checkbox"/>                     |
| (3024) Underlying information subjected to an officer certification.                                                                                                                                                                |                                                        | <input type="checkbox"/>                     |
| (3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows                                                                                                                                                           |                                                        | <input type="checkbox"/>                     |
| (3026) Attach the worksheet listing required information                                                                                                                                                                            | Name of Attached Document Listing Required Information | 462190co3026                                 |

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|                                          |                                                     |
|------------------------------------------|-----------------------------------------------------|
| <b>Certification - Reporting Carrier</b> | FCC Form 481                                        |
| <b>Data Collection Form</b>              | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                          | July 2013                                           |

|                                                                                     |                    |
|-------------------------------------------------------------------------------------|--------------------|
| <010> Study Area Code                                                               | 462190             |
| <015> Study Area Name                                                               | HAXTUN TEL CO      |
| <020> Program Year                                                                  | 2014               |
| <030> Contact Name - Person USAC should contact regarding this data                 | Deborah Nobles     |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 904-688-0029       |
| <039> Contact Email Address - Email Address of person identified in data line <030> | dnobles@townes.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

|                                                                                                                                                                                                                                                                                                       |                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>                                                                                                                                                                             |                                                  |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |                                                  |
| Name of Reporting Carrier:                                                                                                                                                                                                                                                                            | HAXTUN TEL CO                                    |
| Signature of Authorized Officer:                                                                                                                                                                                                                                                                      | CERTIFIED ONLINE Date 10/11/2013                 |
| Printed name of Authorized Officer:                                                                                                                                                                                                                                                                   | Deborah Nobles                                   |
| Title or position of Authorized Officer:                                                                                                                                                                                                                                                              | Vice President of Regulatory Affairs             |
| Telephone number of Authorized Officer:                                                                                                                                                                                                                                                               | 904-688-0029                                     |
| Study Area Code of Reporting Carrier:                                                                                                                                                                                                                                                                 | 462190 Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.                                                      |                                                  |

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|                                                                       |                                                                                  |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Certification - Agent / Carrier</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|

|                    |                                                                               |                    |
|--------------------|-------------------------------------------------------------------------------|--------------------|
| <b>&lt;010&gt;</b> | Study Area Code                                                               | 462190             |
| <b>&lt;015&gt;</b> | Study Area Name                                                               | HAXTUN TEL CO      |
| <b>&lt;020&gt;</b> | Program Year                                                                  | 2014               |
| <b>&lt;030&gt;</b> | Contact Name - Person USAC should contact regarding this data                 | Deborah Nobles     |
| <b>&lt;035&gt;</b> | Contact Telephone Number - Number of person identified in data line <030>     | 904-688-0029       |
| <b>&lt;039&gt;</b> | Contact Email Address - Email Address of person identified in data line <030> | dnobles@townes.net |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

| <b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>                                                                                                                                                                                                                                                                                       |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                      |
| Name of Authorized Agent: _____                                                                                                                                                                                                                                                                                                                                                                                            |                                      |
| Name of Reporting Carrier: _____                                                                                                                                                                                                                                                                                                                                                                                           |                                      |
| Signature of Authorized Officer: _____                                                                                                                                                                                                                                                                                                                                                                                     | Date: _____                          |
| Printed name of Authorized Officer: _____                                                                                                                                                                                                                                                                                                                                                                                  |                                      |
| Title or position of Authorized Officer: _____                                                                                                                                                                                                                                                                                                                                                                             |                                      |
| Telephone number of Authorized Officer: _____                                                                                                                                                                                                                                                                                                                                                                              |                                      |
| Study Area Code of Reporting Carrier: _____                                                                                                                                                                                                                                                                                                                                                                                | Filing Due Date for this form: _____ |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>                                                                                                                                                            |                                      |

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

| <b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>                                                                                                                                                                                                                                |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                      |
| Name of Reporting Carrier: _____                                                                                                                                                                                                                                                                                                                       |                                      |
| Name of Authorized Agent or Employee of Agent: _____                                                                                                                                                                                                                                                                                                   |                                      |
| Signature of Authorized Agent or Employee of Agent: _____                                                                                                                                                                                                                                                                                              | Date: _____                          |
| Printed name of Authorized Agent or Employee of Agent: _____                                                                                                                                                                                                                                                                                           |                                      |
| Title or position of Authorized Agent or Employee of Agent: _____                                                                                                                                                                                                                                                                                      |                                      |
| Telephone number of Authorized Agent or Employee of Agent: _____                                                                                                                                                                                                                                                                                       |                                      |
| Study Area Code of Reporting Carrier: _____                                                                                                                                                                                                                                                                                                            | Filing Due Date for this form: _____ |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>                                                                                        |                                      |

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### Attachments



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Carrier Name: Haxtun Telephone Company  
Carrier SPIN: 143002491  
Carrier SAC: 462190  
Operating State: Colorado

Line 510: Service Quality Standards and Consumer Protection Rules Compliance

Haxtun Telephone Company ("Haxtun" or "the Company") complies with the following rules in the Code of Colorado Regulations:

4 CCR 723-2330 - 2341 Relating to Quality of Services Provided to the Public  
4 CCR 723-2360 - 2399 Relating to Collection and Disclosure of Personal Information

Haxtun complies with the following federal consumer protection rules and regulations:

FCC 47 C.F.R. §§64.2001-64.2011 – Customer Proprietary Network Information ("CPNI")  
FTC 16 C.F.R. §681.2 – Identity Theft Red Flags and Address Discrepancies Under the Fair and Accurate Credit Transactions Act of 2003  
All customer protection and disclosures established by the Fair Credit Reporting Act (15 U.S.C. §§1681, *et seq.*) and the Truth in Lending Act (15 U.S.C. §§1601, *et seq.*)

The Company has a CPNI Policy Manual detailing and enforcing the requirements of the federal CPNI rules. Each year, the CPNI Compliance Officer (1) communicates with the Company's attorneys and/or consultants regarding CPNI responsibilities, requirements and restrictions; (2) supervises the training of Company employees and agents who use or have access to CPNI; (3) supervises the use, disclosure, distribution or access to the Company's CPNI by independent contractors and joint venture partners; (4) maintains records regarding the use of CPNI in marketing campaigns; and (5) receives, reviews and resolves questions or issues regarding use, disclosure, distribution or provision of access to CPNI. The CPNI Compliance Officer certifies compliance annually with the FCC by March 1.

The Company has an Identity Theft Prevention Program ("the Program") that was approved by the Board of Directors in September 2008. The Board appointed Red Flag Coordinator is responsible for updating the Program as necessary; the day-to-day supervision of the Program; training Company employees regarding their responsibilities with respect to the Program; and responding to employee questions and concerns regarding identity theft or the Program. The Red Flag Coordinator is required to annually prepare an Identity Theft Prevention Program Compliance Report for the Board's approval by October 1. The Identity Theft Prevention Program Compliance Report evaluates the effectiveness of the Program; the nature and extent of the Company's service provider arrangements and their impact on the effectiveness of the Program; reports any significant incidents involving identity theft and the Company's response to such incidents; and provides recommendations to the Board for periodic reviews of the Program and the adoption of material changes and other revisions, modifications and updates to the Program.

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Carrier Name: Haxtun Telephone Company  
Carrier SPIN: 143002491  
Carrier SAC: 462190  
Operating State: Colorado

Line 610: Functionality in Emergency Situations

Haxtun Telephone Company (“Haxtun” or “the Company”) has an Emergency Operations Plan (“EOP” or “the Plan”) that addresses the requirements for continuity of service and systematic restoration of service after loss of service due to an emergency. The EOP is administered and maintained by a member of senior management of the parent company, Townes Telecommunications, Inc., and is reviewed annually to ensure that each applicable section is accurate and any changes or updates to the Plan are made on a timely basis.

An Emergency Director has been authorized to implement the provisions of the EOP. The Emergency Director conducts training with employees and is responsible for ensuring that all new employees are provided a 30 minute overview of the Plan as part of their orientation. Specific supervisory personnel receive additional intense instructions regarding special areas of the Plan.

The Plan established an Emergency Committee made up of senior management and key company personnel, who upon notification by the Emergency Director that a potential emergency exists, convene to declare an emergency, notify affected parties and assume control of restoration of service efforts.

An emergency control center is established at the Company’s business office, which is equipped with a back-up power generator and a wireless telephone set. Depending upon the severity and type of emergency and the safety of the emergency location, a control center may be established at the site of the event.

In case of power outages, batteries in the central office will last on average from 4-8 hours depending on how many lines (AMP load) are served at that particular location. The stand-by generator has 24 hour diesel capacity and small generators are available to be put on smaller concentrators if power is lost. The small generators have to be refueled every few hours.

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|                                                                 |                                                                                  |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>(800) Operating Companies</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|

|       |                                                                               |                                 |
|-------|-------------------------------------------------------------------------------|---------------------------------|
| <010> | Study Area Code                                                               | 462190                          |
| <015> | Study Area Name                                                               | HAXTUN TEL CO                   |
| <020> | Program Year                                                                  | 2014                            |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Deborah Nobles                  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 904-688-0029                    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dnobles@townes.net              |
| <810> | Reporting Carrier                                                             | Haxtun Telephone Company        |
| <811> | Holding Company                                                               | Townes Telecommunications, Inc. |
| <812> | Operating Company                                                             | N/A                             |

[illegible]

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Carrier Name: Haxtun Telephone Company  
 Carrier SPIN: 143002491  
 Carrier SAC: 462190  
 Operating State: Colorado

Line 1210: Terms and Conditions for Lifeline Program Customers

Haxtun Telephone Company ("Haxtun" or "the Company") complies with the FCC CFR 47 §§54.4, Universal Service Support for Low-Income Customers. Lifeline is a non-transferable retail service offering for which qualifying low-income consumers receive a \$9.25 federal discount on flat rated basic local telephone service, whether it is purchased on a stand-alone basis or as part of a bundled service that includes voice and data services and optional calling features. Lifeline customers are charged a separate charge for toll calls, but are provided Toll Blocking free of charge if they elect to subscribe to the service. The Lifeline supported services are as shown below:

|                                                         | Inside Base<br>Rate Area | Outside Base<br>Rate Area |                                    |
|---------------------------------------------------------|--------------------------|---------------------------|------------------------------------|
| Residence Access Line                                   | 13.70                    | 15.75                     |                                    |
| Federal SLC                                             | 6.50                     | 6.50                      |                                    |
| Total Monthly Rate                                      | 20.20                    | 22.25                     |                                    |
| <b><u>Lifeline Discounts to Total Monthly Rate:</u></b> |                          |                           |                                    |
| Federal Flat Rate Lifeline Support                      | (9.25)                   | (9.25)                    | <i>FCC 497: Lifeline Worksheet</i> |
| Total Lifeline Service Monthly Rate                     | (9.25)                   | (9.25)                    |                                    |
|                                                         |                          |                           |                                    |
| <b>Net Monthly Local Service for Lifeline Customer</b>  | <b>10.95</b>             | <b>13.00</b>              |                                    |

Additional Services:

Toll Blocking is free to Lifeline customers who subscribe to this service.

The company is required to include the Lifeline Service Program in their Local Exchange Tariff. The rates for basic local residential service are also contained in the Local Exchange Tariff and the rates for the federal SLC are included in the NECA Tariff No. 5. Changes to any of these rates must be approved by the appropriate regulatory agency.

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|                                                                                               |  |                                                                              |  |
|-----------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|--|
| (3005a) Operating Report for Privately-Held Rate of Return Carriers                           |  | FCC Form 481                                                                 |  |
| Balance Sheet - Data Collection Form                                                          |  | OMB Control No. 3060-0986                                                    |  |
| Page 1 of 3                                                                                   |  | July 2013                                                                    |  |
| <010> Study Area Code                                                                         |  | <010>                                                                        |  |
| <015> Study Area Name                                                                         |  | <015>                                                                        |  |
| <020> Program Year                                                                            |  | <020>                                                                        |  |
| <030> Contact Name - Person USAC should contact regarding this data                           |  | <030>                                                                        |  |
| <035> Contact Telephone Number - Number of person identified in data line <030>               |  | <035>                                                                        |  |
| <039> Contact Telephone Email Address - Email Address of person identified in data line <030> |  | <039>                                                                        |  |
| <input type="checkbox"/> Filed as reviewed single company                                     |  | <input checked="" type="checkbox"/> Filed as audited single company          |  |
| <input type="checkbox"/> Filed as reviewed consolidated company                               |  | <input type="checkbox"/> Filed as audited consolidated company               |  |
| <input type="checkbox"/> Filed as subsidiary of reviewed consolidated company                 |  | <input type="checkbox"/> Filed as subsidiary of audited consolidated company |  |

**CERTIFICATION**

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

|           |      |
|-----------|------|
| Signature | Date |
|           |      |

**PART A. BALANCE SHEET**

| ASSETS                                   |  | BALANCE<br>PRIOR YEAR | BALANCE END<br>OF PERIOD | LIABILITIES AND STOCKHOLDERS' EQUITY                          |  | BALANCE<br>PRIOR YEAR | BALANCE END<br>OF PERIOD |
|------------------------------------------|--|-----------------------|--------------------------|---------------------------------------------------------------|--|-----------------------|--------------------------|
| <b>CURRENT ASSETS</b>                    |  |                       |                          | <b>CURRENT LIABILITIES</b>                                    |  |                       |                          |
| 1. Cash and Equivalents                  |  |                       |                          | 25. Accounts Payable                                          |  |                       |                          |
| 2. Cash-RUS Construction Fund            |  |                       |                          | 26. Notes Payable                                             |  |                       |                          |
| 3. Affiliates:                           |  |                       |                          | 27. Advance Billings and Payments                             |  |                       |                          |
| a. Telecom, Accounts Receivable          |  |                       |                          | 28. Customer Deposits                                         |  |                       |                          |
| b. Other Accounts Receivable             |  |                       |                          | 29. Current Mat. L/T Debt                                     |  |                       |                          |
| c. Notes Receivable                      |  |                       |                          | 30. Current Mat. L/T Debt-Rur. Dev.                           |  |                       |                          |
| 4. Non-Affiliates:                       |  |                       |                          | 31. Current Mat.-Capital Leases                               |  |                       |                          |
| a. Telecom, Accounts Receivable          |  |                       |                          | 32. Income Taxes Accrued                                      |  |                       |                          |
| b. Other Accounts Receivable             |  |                       |                          | 33. Other Taxes Accrued                                       |  |                       |                          |
| c. Notes Receivable                      |  |                       |                          | 34. Other Current Liabilities                                 |  |                       |                          |
| 5. Interest and Dividends Receivable     |  |                       |                          | 35. Total Current Liabilities (25 thru 34)                    |  |                       |                          |
| 6. Material-Regulated                    |  |                       |                          | <b>LONG-TERM DEBT</b>                                         |  |                       |                          |
| 7. Material-Nonregulated                 |  |                       |                          | 36. Funded Debt-RUS Notes                                     |  |                       |                          |
| 8. Prepayments                           |  |                       |                          | 37. Funded Debt-RTB Notes                                     |  |                       |                          |
| 9. Other Current Assets                  |  |                       |                          | 38. Funded Debt-FFB Notes                                     |  |                       |                          |
| 10. Total Current Assets (1 thru 9)      |  |                       |                          | 39. Funded Debt-Other                                         |  |                       |                          |
| <b>NONCURRENT ASSETS</b>                 |  |                       |                          | 40. Funded Debt-Rural Develop. Loan                           |  |                       |                          |
| 11. Investment in Affiliated Companies   |  |                       |                          | 41. Premium (Discount) on L/T Debt                            |  |                       |                          |
| a. Rural Development                     |  |                       |                          | 42. Recquired Debt                                            |  |                       |                          |
| b. Nonrural Development                  |  |                       |                          | 43. Obligations Under Capital Lease                           |  |                       |                          |
| 12. Other Investments                    |  |                       |                          | 44. Adv. From Affiliated Companies                            |  |                       |                          |
| a. Rural Development                     |  |                       |                          | 45. Other Long-Term Debt                                      |  |                       |                          |
| b. Nonrural Development                  |  |                       |                          | 46. Total Long-Term Debt (36 thru 45)                         |  |                       |                          |
| 13. Nonregulated Investments             |  |                       |                          | <b>OTHER LIAB. &amp; DEF. CREDITS</b>                         |  |                       |                          |
| 14. Other Noncurrent Assets              |  |                       |                          | 47. Other Long-Term Liabilities                               |  |                       |                          |
| 15. Deferred Charges                     |  |                       |                          | 48. Other Deferred Credits                                    |  |                       |                          |
| 16. Jurisdictional Differences           |  |                       |                          | 49. Other Jurisdictional Differences                          |  |                       |                          |
| 17. Total Noncurrent Assets (11 thru 16) |  |                       |                          | 50. Total Other Liabilities and Deferred Credits (47 thru 49) |  |                       |                          |
| <b>PLANT, PROPERTY, AND EQUIPMENT</b>    |  |                       |                          | <b>EQUITY</b>                                                 |  |                       |                          |
| 18. Telecom, Plant-in-Service            |  |                       |                          | 51. Cap. Stock Outstanding & Subscribed                       |  |                       |                          |
| 19. Property Held for Future Use         |  |                       |                          | 52. Additional Paid-in-Capital                                |  |                       |                          |
| 20. Plant Under Construction             |  |                       |                          | 53. Treasury Stock                                            |  |                       |                          |
| 21. Plant Adj., Nonop. Plant & Goodwill  |  |                       |                          | 54. Membership and Cap. Certificates                          |  |                       |                          |
| 22. Less Accumulated Depreciation        |  |                       |                          | 55. Other Capital                                             |  |                       |                          |
| 23. Net Plant (18 thru 21 less 22)       |  |                       |                          | 56. Patronage Capital Credits                                 |  |                       |                          |
|                                          |  |                       |                          | 57. Retained Earnings or Margins                              |  |                       |                          |
|                                          |  |                       |                          | 58. Total Equity (51 thru 57)                                 |  |                       |                          |
| 24. TOTAL ASSETS (10+17+23)              |  |                       |                          | 59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)                |  |                       |                          |

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(3005b) Operating Report for Privately-Held Rate of Return Carriers  
Balance Sheet - Data Collection Form  
Page 2 of 3

FCC Form 481  
OMB Control No. 3060-0986  
July 2013

<010> Study Area Code  
<015> Study Area Name  
<020> Program Year  
<030> Contact Name - Person USAC should contact regarding this data  
<035> Contact Telephone Number - Number of person identified in data line <030>  
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 462190  
<015> Hartun Telephone Company  
<020> 2014  
<030> Deborah Nobles  
<035> 904-688-0029  
<039> dnobles@townes.net

| PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS                   |            |           |
|---------------------------------------------------------------------------------|------------|-----------|
| ITEM                                                                            | PRIOR YEAR | THIS YEAR |
| 1. Local Network Services Revenues                                              |            |           |
| 2. Network Access Services Revenues                                             |            |           |
| 3. Long Distance Network Services Revenues                                      |            |           |
| 4. Carrier Billing and Collection Revenues                                      |            |           |
| 5. Miscellaneous Revenues                                                       |            |           |
| 6. Uncollectible Revenues                                                       |            |           |
| 7. Net Operating Revenues (1 thru 5 less 6)                                     |            |           |
| 8. Plant Specific Operations Expense                                            |            |           |
| 9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization) |            |           |
| 10. Depreciation Expense                                                        |            |           |
| 11. Amortization Expense                                                        |            |           |
| 12. Customer Operations Expense                                                 |            |           |
| 13. Corporate Operations Expense                                                |            |           |
| 14. Total Operating Expenses (8 thru 13)                                        |            |           |
| 15. Operating Income or Margins (7 less 14)                                     |            |           |
| 16. Other Operating Income and Expenses                                         |            |           |
| 17. State and Local Taxes                                                       |            |           |
| 18. Federal Income Taxes                                                        |            |           |
| 19. Other Taxes                                                                 |            |           |
| 20. Total Operating Taxes (17+18+19)                                            |            |           |
| 21. Net Operating Income or Margins (15+16-20)                                  |            |           |
| 22. Interest on Funded Debt                                                     |            |           |
| 23. Interest Expense - Capital Leases                                           |            |           |
| 24. Other Interest Expense                                                      |            |           |
| 25. Allowance for Funds Used During Construction                                |            |           |
| 26. Total Fixed Charges (22+23+24-25)                                           |            |           |
| 27. Nonoperating Net Income                                                     |            |           |
| 28. Extraordinary Items                                                         |            |           |
| 29. Jurisdictional Differences                                                  |            |           |
| 30. Nonregulated Net Income                                                     |            |           |
| 31. Total Net Income or Margins (21+27+28+29+30-26)                             |            |           |
| 32. Total Taxes Based on Income                                                 |            |           |
| 33. Retained Earnings or Margins Beginning-of-Year                              |            |           |
| 34. Miscellaneous Credits Year-to-Date                                          |            |           |
| 35. Dividends Declared (Common)                                                 |            |           |
| 36. Dividends Declared (Preferred)                                              |            |           |
| 37. Other Debits Year-to-Date                                                   |            |           |
| 38. Transfers to Patronage Capital                                              |            |           |
| 39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]       |            |           |
| 40. Patronage Capital Beginning-of-Year                                         |            |           |
| 41. Transfers to Patronage Capital                                              |            |           |
| 42. Patronage Capital Credits Retired                                           |            |           |
| 43. Patronage Capital End-of-Year (40+41-42)                                    |            |           |
| 44. Annual Debt Service Payments                                                |            |           |
| 45. Cash Ratio [(14+20-10-11)/7]                                                |            |           |
| 46. Operating Accrual Ratio [(14+20+26)/7]                                      |            |           |
| 47. TIER [(31+26)/26]                                                           |            |           |
| 48. DSCR [(31+26+10+11)/44]                                                     |            |           |

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(3005c) Operating Report for Privately-Held Rate of Return Carriers  
 Balance Sheet - Data Collection Form  
 Page 3 of 3

FCC Form 481  
 OMB Control No. 3060-0986  
 July 2013

<010> Study Area Code  
 <015> Study Area Name  
 <020> Program Year  
 <030> Contact Name - Person USAC should contact regarding this data  
 <035> Contact Telephone Number - Number of person identified in data line <030>  
 <039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 462190  
 <015> Haxtun Telephone Company  
 <020> 2014  
 <030> Deborah Nobles  
 <035> 904-688-0029  
 <039> dnobles@townes.net

| PART C. STATEMENTS OF CASH FLOWS                                                                               |  |
|----------------------------------------------------------------------------------------------------------------|--|
| 1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)                                            |  |
| CASH FLOWS FROM OPERATING ACTIVITIES                                                                           |  |
| 2. Net Income                                                                                                  |  |
| Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities                               |  |
| 3. Add: Depreciation                                                                                           |  |
| 4. Add: Amortization                                                                                           |  |
| 5. Other (Explain)                                                                                             |  |
| Changes in Operating Assets and Liabilities                                                                    |  |
| 6. Decrease/(Increase) in Accounts Receivable                                                                  |  |
| 7. Decrease/(Increase) in Materials and Inventory                                                              |  |
| 8. Decrease/(Increase) in Prepayments and Deferred Charges                                                     |  |
| 9. Decrease/(Increase) in Other Current Assets                                                                 |  |
| 10. Increase/(Decrease) in Accounts Payable                                                                    |  |
| 11. Increase/(Decrease) in Advance Billings & Payments                                                         |  |
| 12. Increase/(Decrease) in Other Current Liabilities                                                           |  |
| 13. Net Cash Provided/(Used) by Operations                                                                     |  |
| CASH FLOWS FROM FINANCING ACTIVITIES                                                                           |  |
| 14. Decrease/(Increase) in Notes Receivable                                                                    |  |
| 15. Increase/(Decrease) in Notes Payable                                                                       |  |
| 16. Increase/(Decrease) in Customer Deposits                                                                   |  |
| 17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)                                   |  |
| 18. Increase/(Decrease) in Other Liabilities & Deferred Credits                                                |  |
| 19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital |  |
| 20. Less: Payment of Dividends                                                                                 |  |
| 21. Less: Patronage Capital Credits Retired                                                                    |  |
| 22. Other (Explain)                                                                                            |  |
| 23. Net Cash Provided/(Used) by Financing Activities                                                           |  |
| CASH FLOWS FROM INVESTING ACTIVITIES                                                                           |  |
| 24. Net Capital Expenditures (Property, Plant & Equipment)                                                     |  |
| 25. Other Long-Term Investments                                                                                |  |
| 26. Other Noncurrent Assets & Jurisdictional Differences                                                       |  |
| 27. Other (Explain)                                                                                            |  |
| 28. Net Cash Provided/(Used) by Investing Activities                                                           |  |
| 29. Net Increase/(Decrease) in Cash                                                                            |  |
| 30. Ending Cash                                                                                                |  |



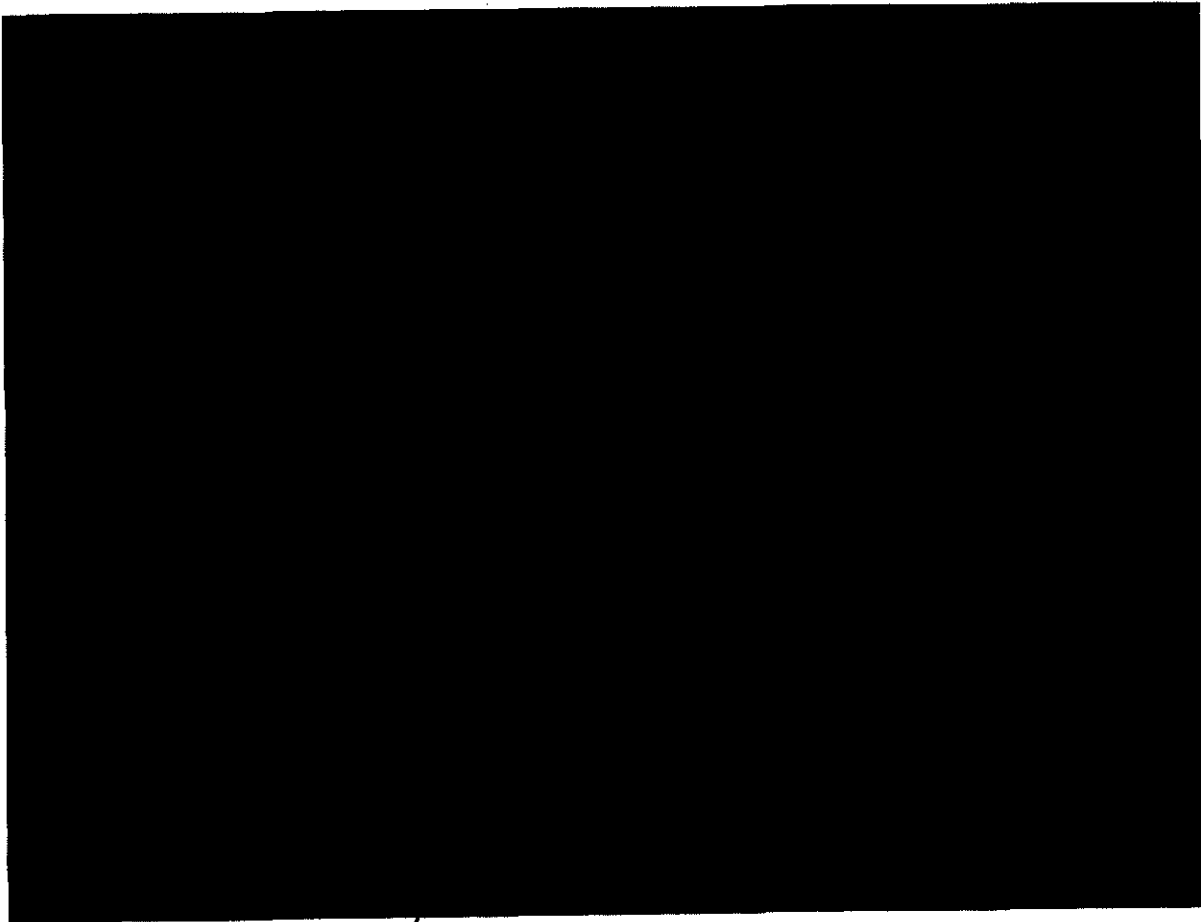
REDACTED - FOR PUBLIC INSPECTION

George Frederick Certified Public Accountant PLLC

7807 E. Oberlin Way Scottsdale, AZ 85266 480.502.1617 C 702.524.4528 www.gcfcpa.com

## Report of Independent Accountants

The Board of Directors and Stockholders  
Haxtun Telephone Company, Inc.  
Haxtun, Colorado



GEORGE FREDERICK CPA PLLC  
February 19, 2013